

**SYSTEMATIC REVIEWS OF FINANCING MECHANISMS FOR FAMILY PLANNING:
EVIDENCE AND KNOWLEDGE GAPS
2-3 December 2015**

**Harvard T. H. Chan School of Public Health,
Boston, USA**

Meeting Report

Background

Promotion of voluntary family planning in countries with high birth rates has the potential to reduce poverty and hunger and avert 32% of all maternal deaths and nearly 10% of childhood deaths¹. It has contributed substantially to women's empowerment, achievement of universal primary schooling, and long-term environmental sustainability¹. Over the past 50 years, governments, NGOs, multilateral agencies and civil society partners have been working together to invest in programmes to increase access to and availability of family planning,² nevertheless, 225 million women still face an unmet need for modern contraception, and the need is greatest where the risks of maternal mortality are highest.³ These trends indicate that increased investment is necessary to meet demand for contraceptive methods and improve reproductive health worldwide.

There has been a resurgence of interest and investment in family planning and contraception, as was noted at London Summit on Family Planning on 11 July 2012⁴. In 2015, the 193-member United Nations General Assembly formally adopted the 2030 Agenda for Sustainable Development, along with a set of bold new Sustainable Development Goals, including in family planning⁵. At the same time the United Nations Secretary General launched a new Global Strategy for Women's, Children's and Adolescents' Health, 2016-2030, in which family planning takes a central role.

In this context, in December 2012, a group of bilateral, multilateral and private foundation donors reviewed evidence and identified knowledge gaps in five areas that could best be addressed through collective action—scaling up best practices in family planning, barriers to access and use of contraception related to adolescence and gender, new measures and research methodologies, accountability and policy and financing mechanisms for family planning.^{6,7,8}

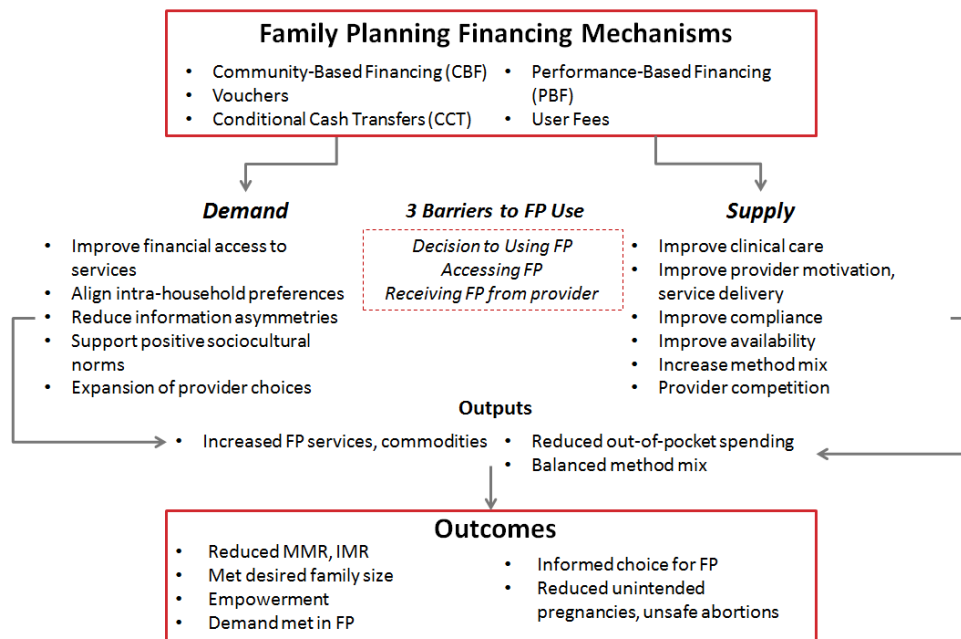
One of the identified knowledge gaps was the limited scientific evidence on the effectiveness of various financing mechanisms for contraception. It prompted the establishment of a WHO-led initiative to develop and strengthen the evidence base on financing mechanisms for family planning and contraception, leading to the development of family planning and contraceptive programmes with financing mechanisms that expand access, reduce unmet need, and consider the specific needs of the poor and marginalized populations, especially in the low and middle income countries.

Theory of change

The theory of change underpinning this work posits that the goals of the initiative—and in particular reducing unmet need for family planning with modern contraceptive methods—are impacted by

financial barriers, particularly among poor and marginalized populations. In addition, the broad barriers on the demand side include lack of access to funds, competing intra-household preferences, informational asymmetry, lack of access to outlets, social, cultural, and religious norms as well as stigma and cultural practices. The barriers on the supply side include lack of sufficient motivation or incentives to health care providers, provider's bias for specific methods, supply side related financing gaps and inefficiency, and lack of clinically competent providers at contraceptive service supply points. In order to address some of these barriers, a wide range of financing interventions have been designed and implemented in many low and middle income countries. A broad theory of change explaining some of the aforementioned aspects is summarized in Figure 1.

Figure 1: Theory of change



Interventions

In order to address some of these barriers, a wide range of financing interventions have been designed and implemented in many low and middle income countries. Five intervention groups were identified by the technical working group led by WHO, and for each a specific systematic review of the research literature was conducted. The specific interventions groups were: (i) introduction of community financing and community-based health insurance, which included interventions for family planning that focus on the role of the community in mobilizing, pooling, and allocating reproductive health resources through instruments, such as micro-insurance, microfinance and microcredit, mutual health organizations,; (ii) introduction of conditional and unconditional cash transfers; (iii) introducing, removing or changing of out-of-pocket payments or user fees; (iv) results-based financing, including all interventions involving payment for performance that have a supply side component, and (v) social protection programs that provided a voucher subsidy to poorer clients that also reimburse healthcare workers for providing contraceptive services at a pre-defined quality standard, including referral vouchers. Five expert teams were invited to undertake the systematic review work and each one was assigned to carry out one or two reviews on the selected mechanisms.

The first meeting was held in Washington DC in 2014 to standardize and agree on the common systematic review methodology among all research teams. It was followed by a meeting in Geneva in June 2015 to review the key findings. The final dissemination meeting was held on December 2 -3, 2015 in Boston, USA. It was co-hosted by the Harvard T. H. Chan School of Public Health, Harvard University and the World Health Organization. It was attended by the researchers and key donors interested in financing issues in family planning. The funding partners included representatives from USAID, Bill & Melinda Gates Foundation, Susan Thomas Buffet Foundation, Willows International, UNFPA and the World Bank.

Summary of key findings

The reviews considered study designs with either a control, or a credible counterfactual, i.e.: randomised controlled trials and cluster-randomised controlled trials, controlled before and after studies, time series analyses and cohort studies.

The objectives of the meeting were to present key findings from five systematic reviews including identification of research gaps, and to recommend next steps in advancing quality research on financing in family planning.

After introductions and background on the initiative, WHO presented an overview of the systematic review methods followed by the researchers who presented the key findings of the five systematic reviews. In the afternoon, experts from Uganda and Pakistan presented country experiences in implementing family planning financing mechanisms. The World Bank representative also shared key relevant family planning findings from the Health Results Innovation Trust Fund (HRITF) impact evaluations of performance based financing. Each session included sufficient time for questions and general discussion.

The key findings and discussion from each session are as under:

The review of **conditional and unconditional cash transfers (CCTs)** identified seven studies that included, contraceptive use though reported only as an indirect and unintended outcome. In all the reviewed studies, CCT was given for increasing educational and health outcomes and not specifically for contraception. Three studies documented positive influence of CCT, two studies on contraceptive use and one on probability of giving birth, though it took contraceptive use only as an unintended and indirect outcome. Three studies found no association between CCT and contraceptive use or childbearing, while one study indicated a negative impact on fertility. The review identified a major knowledge gap in understanding the impact of conditional and unconditional cash transfers on family planning service delivery. There is a need for well-designed studies primarily focused on the impact of conditional cash transfers on contraceptive use, birth spacing and similar outcomes as well as evidence regarding the feasibility of sustaining and scaling up such efforts.

In the areas of **community financing and community-based health insurance**, out of 6,188 references identified from the search, only four studies assessing the impact of community financing on family planning outcomes were rigorous enough for inclusion. All four selected studies measured outcomes related to contraceptive use, family planning uptake, or the likelihood of using contraception. Of the studies that were identified, the evidence is mixed and findings on particular outcomes of interest were either inconclusive or incomplete. The evidence assessing the impact of community-based financing on use of family planning and reproductive health services is mixed. Two of the four studies found that improving access to financing may either insignificantly impact or not

impact use of family planning while the other two found that financing may even slightly decrease contraceptive use. One study in Ethiopia suggested that desired family size in one of the two treatment groups, that received access to credit actually increased over the study period. These limited and mixed findings suggest that more high-quality evidence on community-based financing for family planning is needed before any conclusions can be made; and that community-based financing for family planning may, in fact, have little or even no effect on family planning outcomes.

In the review of **out-of-pocket payments and user fees**, only four studies were included and all assessed with a high risk of bias. The studies look at different interventions and suggest mixed results. One study suggested that a price increase in IUD did not have a substantial impact on IUD demand, except for the poor. Another study suggested that a price decrease in Norplant® boosted the demand for this implant, though it did not affect other contraceptive choices such as pill and IUD. Though most of them, found that demand of contraception was non sensitive to the costs, no robust summary of evidence could be drawn, which then calls for further research in this area, in particular regarding the impact of growing number of contraceptive social marketing and social franchising programs.

On the basis of the available evidence, the authors found no strong association between **performance-based financing** on family planning uptake and associated trends in reproductive healthcare and health outcomes in low and middle-income settings. Results were mixed for family planning outcome measures. Pay for performance (P4P) was associated with improved modern family planning use in one study, and increased user and coverage rates in two. However, six reported no impact of pay for performance on modern family planning or prevalence. Pay for performance with conditional cash transfers increased family planning in one. Reported results were also mixed for secondary outcomes of equity, financial risk protection, client satisfaction, quality of care and services, provider satisfaction, and impact on service organisation – there were gains for some outcome measures but no improvement for others. The interpretation of results is limited by variation across studies in relation to intervention design, study design and outcome measures and the limited number of eligible studies.

The review on the **effectiveness of vouchers** for contraceptive products found that most reported outcomes were positive and statistically significant. Of the six studies with high quality designs (two RCTs and four CBAs), reported results were generally positive. Of the two RCTs, one found a statistically strong association between voucher use and intrauterine device uptake and the other found no effect between vouchers and uptake of emergency contraception. Among the four controlled before-and-after studies, there were six reported outcomes with two non-significant changes in contraceptive use among the general population and postnatal care and three significant increases in contraceptive use and one significant decrease in fertility. However, of the 21 study outcomes in 15 source reports, thirteen outcomes were reported from before-and-after or cross sectional designs, which did not enable attribution of causation. Albeit weak, the study designs did provide a consistent story with the direction and significance of positive effect. Such evidence, however weak, is useful in suggesting a trend that future research could further investigate.

Although the results were inconclusive across all interventions, a number of general recommendations on the directions and areas of future research can be drawn. The large number of articles excluded due to methodological shortcomings point to the need for more robust study designs.

Knowledge gaps, research priorities and the way forward

Setting priorities for health research is essential to understanding and maximizing the impact of investments, which is especially relevant in resource-poor environments. In addition to summarizing the literature, the global teams of experts were tasked to identify knowledge gaps and to prioritize research questions that would contribute toward meeting contraceptive needs in low- and middle-income countries.

The prioritization exercise was conducted in two stages. Initially, based on gaps identified in the systematic reviews, each expert working group developed research questions and topics that required further study to address the gaps. Each expert then scored the research questions based on the following criteria: answerability, effectiveness in reducing unmet need in family planning, deliverability, affordability, sustainability, potential for disease burden reduction, potential for addressing equity, scalability, and originality.

The gap analysis yielded a large number of important and potentially impactful research approaches. In the area of vouchers, research is needed to determine whether single purpose family planning vouchers are more effective than comprehensive vouchers for contraceptive uptake. The exercise also identified a need for research on the effect that voucher programs may have on dis/continuation and the effect that voucher reimbursements to FP clinics may have on changes in quality. Finally, research is needed to determine whether nudge strategies, such as expiry dates, could encourage greater efficiency in FP service uptake.

In conditional and unconditional cash transfers, the exercise identified the need to assess whether these transfers for contraceptive use increases overall contraceptive prevalence (additionality), or primarily changes contraceptive use pattern (substitution or switching of methods), or both. It also identified the need to provide evidence on whether there is a minimum threshold needed before a conditional cash transfer is likely to result in a change in family planning use.

With respect to pay-for-performance (P4P) /results-based financing (RBF), research is needed to establish the effects on equity of access and family planning-related health outcomes. In addition, an assessment of the impact of paying for performance on the uptake of family planning methods in the general population and among sub-groups, particularly disadvantaged or marginalized populations, is needed.

In user fees/out of pocket payments, research is needed to determine whether supply side interventions in family planning complemented with a demand side component could achieve greater impact compared to supply side interventions alone. In addition, work is needed to establish the extent to which poorer and younger populations are more sensitive to price changes in contraceptives.

Finally, non-intervention specific research is needed to establish the value added of combining complementary activities with specific financial mechanisms for family planning (e.g. implementing service quality improvements at the same time as cash transfers)

The presentations on “*state of the evidence and research priorities based on evidence gaps*” were well received and generated substantial debate. It was acknowledged that while there are budget lines for family planning commodities, the notion of financing of family planning services or

outcomes is not yet a central strategy in many family planning programs. The participants noted some concern with the small number of studies of financing strategies in family planning. This, together with the little available evidence shows that there is significant opportunity to expand scientific, policymaker and practitioner knowledge on how and why various financing strategies work, and what it takes to scale up successful approaches.

It was noted that national authorities, development agencies and other partners are actively implementing a wide range of health system financing mechanisms in low- and middle-income countries. However, evidence of impact and effectiveness of these mechanisms on family planning outcomes is very weak. Rigorous controlled studies are needed to inform policy makers and program planners on what works and how it works in scaling up family planning programs. Furthermore, when implementing new family planning or system-wide health financing mechanisms, intervention research, including rigorous evaluations, is needed to measure their effect on family planning outcomes.

Participants noted that family planning financing runs the risk of coercion, which should be taken into account more consistently. Participants also proposed combining demand-side and supply-side interventions for better impact.

In the context of SDGs, many funding partners' activities are now oriented around the concept of universal health coverage (UHC). The group also pointed out that the Global Financing Facility (GFF) is an incredible opportunity to explore joint collaboration and extend the body of knowledge.

The group prioritized an improved understanding of how vulnerable populations in adverse settings are identified for services, particularly in humanitarian contexts. Implementation research could help to improve beneficiary identification in such settings.

Engagement with private sector and longer term follow up were two other priority topics that, if strengthened, could help to facilitate a sustainable change in behaviour after any particular program ends. These points will need to be revisited in next steps.

Next steps

The systematic reviews will be sent to an international peer reviewed journal for publication as a special supplement, with a leading expert in the area to write an editorial. The series of papers will fill important evidence gaps in understanding the role and providing evidence of various financing mechanisms in increasing access of contraception. Based on the identified gaps, new research projects can be developed, financed, and systematically implemented.

Participants discussed the possibility of co-organizing a meeting on family planning with health care financing in Europe, possibly in Antwerp, Belgium, to engage European partners. It was also suggested to bring in family planning experts when financing issues are discussed.

The meeting concluded with an overall sense that the initiative was extremely important and well-timed as it had served as a concrete step towards better harmonization and understanding of critical issues in family planning financing among researchers and funding partners. It was agreed that the meeting report will be shared with partners.

¹ Cleland J, Bernstein S, Exeh A, Faundes A, Glasier A, Innis J. Family planning: the unfinished agenda. *Lancet* 2006; 368 1810-1827.

² Alkema L, Kantorova V, Menozzi C, Biddlecom A. National, regional, and global rates and trends in contraceptive prevalence and unmet need for family planning between 1990 and 2015: a systematic and comprehensive analysis. *Lancet* 2013; 381: 1642–52

³ Singh S, Darroch JE and Ashford LS, *Adding It Up: The Costs and Benefits of Investing in Sexual and Reproductive Health* 2014, New York:Guttmacher Institute, 2014.

⁴ London Summit on Family Planning Overview, 2012
http://www.familyplanning2020.org/images/content/old_site_files/London-Summit-Family-PlanningOverview_V1-14June.pdf (Accessed on April 24, 2016).

⁵ Sustainable development knowledge platform. (Accessed on April 24, 2016)
<https://sustainabledevelopment.un.org/?menu=1300>

⁶ *RMNH Alliance*. Launching collaboration on family planning research among the international donor community. 2012. (Accessed on April 24, 2016)
<http://www.usaid.gov/sites/default/files/documents/1864/FP%20Donor%20Meeting%20Brief.pdf>

⁷ Askew I, Brady M, 2013. “Reviewing the evidence and identifying gaps in family planning research: The unfinished agenda to meet FP2020 goals,” background document for the Family Planning Research Donor Meeting, Washington, DC, 3–4 December 2012. New York: Population Council.

⁸ Ali M, Seuc A, Rahimi A, Festin M, Temmerman M. A global research agenda for family planning: results of an exercise for setting research priorities. *Bull World Health Organ* 2014;92:93–98